

Beverly B. Foster, PhD, RN
Chair
Alexis B. Welch, RN, Ed.D
Vice-Chair
Mary P. Johnson, RN, MSN, FAAN
Executive Director



P.O. Box 2129
Raleigh, North Carolina 27602
919.782.3211
FAX 919.781.9461
Nurse Aide II Registry 919.782.7499
www.ncbon.com

JOINT POSITION PAPER
North Carolina Board of Nursing and Office of Emergency Medical Services

NON-TRADITIONAL PRACTICE SETTINGS FOR EMS PERSONNEL

G.S. 143-508(d)(7) gives the North Carolina Medical Care Commission the responsibility and authority to establish rules which "define the practice settings of credentialed emergency medical services personnel." The rule defining these practice settings is found in 10A NCAC 13P .0506. The purpose of this legislation and associated rule is to expand the potential practice settings for EMS personnel beyond the traditional one of the field ambulance. This expansion has the potential dual advantage of providing alternative career paths for EMS personnel and helping to alleviate shortages of properly trained and credentialed personnel in various roles within the health care system.

Throughout the process of developing the legislation and establishing temporary rules to implement the legislation, the North Carolina Board of Nursing and Office of Emergency Medical Services have worked collaboratively to make sure that patients throughout the health care system are well served. Through this position paper, the agencies wish to confirm this collaboration and clarify any questions regarding implementation.

Rule [10A NCAC 13P .0506] clearly states that EMS personnel may function in the listed practice settings "in accordance with the protocols approved by the medical director of the EMS System or Specialty Care Transport Program with which they are affiliated, and by the OEMS." This is a key phrase in properly implementing expanded practice settings. Neither the law nor the rule intends to allow EMS personnel to practice independently. All practice settings for EMS personnel must:

- be approved as part of an EMS System Plan [10A NCAC 13P .0201(a)(6)]
- be covered by patient care protocols for the system [10A NCAC 13P .0405]
- fall within the scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514 [10A NCAC 13P .0405(a)(3)]

This means that the practice settings for EMS personnel must be planned and written into the overall system plan. There must be written protocols for personnel to follow in these practice settings. It is understandable that these protocols may not be the same as those for the field ambulance setting, but there must be protocols in place. Also, EMS personnel in non-traditional practice settings are not allowed to perform medical acts beyond the scope of practice for their credential as defined by the North Carolina Medical Board.

Through the process, EMS personnel practicing in non-traditional settings are responsible to and work under the authority of the medical oversight of the EMS system, just as those EMS personnel who work on the ambulance. While EMS personnel may work in conjunction with nursing personnel in some settings, it is important to note that these EMS personnel work under the authority of the medical oversight for their system, not under the clinical supervision of nursing within the practice setting.

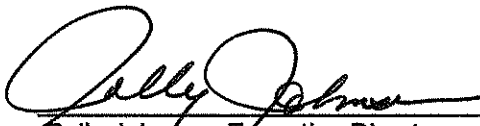
Clinical supervision is done by the EMS Medical Director and Medical Oversight (eg., ED physician) through the use of approved policies/protocols/standing orders which govern clinical activities. Any deviations from these protocols/standing orders require direct physician orders. Technical

skills/tasks/procedures and patient care activities within the EMS personnel scope of practice may be assigned/delegated by the RN in settings requiring nursing assessment of the patient.

Administrative supervision, pertaining to how processes within the setting work and are regulated by policies and guidelines, may be provided by nursing or others as designated within the setting.

In traditional clinical nursing settings, credentialed EMT-Intermediate (EMT-I) and EMT-Paramedics (EMT-P) who are also listed as Nurse Aide II's may perform Nurse Aide tasks as well as additional specific tasks based on their EMS training, agency policies, and competency validation under the supervision by the RN. Tasks that may be delegated to these assistive personnel by the licensed nurse are listed in the BON Position Statement on Delegation: EMT/Paramedic Tasks available at:
<http://www.ncbon.com/WorkArea/showcontent.aspx?id=784>.

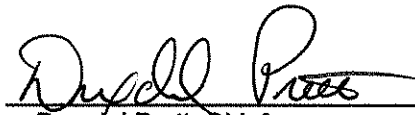
Specific questions about the implementation of these rules should be addressed to the North Carolina Office of Emergency Medical Services at 2707 Mail Service Center, Raleigh, NC 27699-2707. The telephone number is 919-855-3935. Email addresses for OEMS staff members can be found at www.ncems.org.



Polly Johnson, Executive Director
North Carolina Board of Nursing

9-13-07

Date



Drexel Pratt, Chief
Office of Emergency Medical Services

9-17-07

Date